

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24018
STATE FILE NUMBER
2911

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | |
|---|------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City 30680 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Hosp. | | d. STREET ADDRESS Gardner & Topping | |
| Length of stay in 1b 7 Mo | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MAURICE VAN WAMBEKE | | 4. DATE OF DEATH Month Day Year 7/3/56 | |
| 5. SEX male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9/29/1896 |
| 9. AGE (In years last birthday) 59 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter | | 10b. KIND OF BUSINESS OR INDUSTRY ? Shoe Factory | |
| 11. BIRTHPLACE (City and state or country) Belgium 4 | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13. FATHER'S NAME Hector Van Wambeke | | 14. MOTHER'S MAIDEN NAME Albertina Maria Vermote | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs. Jennie Hendricks | | Address Kansas City, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Constriction. Bronchial Pneumonia.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Post-Peritoneal Body Fluid Hemorrhage</i> DUE TO (c) <i>Chronic Myocarditis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Anemia</i> | | | INTERVAL BETWEEN ONSET AND DEATH 6 Months. 201X |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Dec 15-55 to July 3-56 and last saw her alive on July 7-56. Death occurred at 11:45 am on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Earl V. Jones (Free or title) | | 22b. ADDRESS 36002 St. John's | |
| 22c. DATE SIGNED 7-3-56 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7-4-56 | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) OMAHA NEBR. | |
| 24. FUNERAL DIRECTOR SHEIL FUNERAL HOME K. C. SUGA | | 25. DATE RECD 7-4-56 | |
| ADDRESS | | 26. REGISTRAR'S SIGNATURE neva minshall | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Earl V. Jones

MEDICAL CERTIFICATION

300
1-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John P. Shiel

Licensed Embalmer No. *36*

P. O. Address *1407*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.